

REGIONAL HEALTH FORUM - DUBLIN NORTH EAST

FÓRAM RÉIGIÚNACH SLÁINTE - BAILE ÁTHA CLIATH AGUS AN TÓIRTHUAISCEART

MINUTES OF MEETING HELD ON MONDAY, 24<sup>TH</sup> JANUARY, 2022 AT 2:00PM

By Microsoft Teams

**Members Present**

Cllr. Tom Behan  
Cllr. Kieran Dennison  
Cllr. Howard Mahony  
Cllr. Brian McKenna  
Cllr. Trevor Smith

Cllr. Daryl Barron  
Cllr. Michelle Hall  
Cllr. Brigid Manton  
Cllr. Kevin Meenan  
Cllr. Gillian Toole

Cllr. Mary Callaghan  
Cllr. Deirdre Heney  
Cllr. David Maxwell  
Cllr. John Sheridan

**Not in Attendance**

Cllr. Séamus Coyle  
Cllr. Craig Lovett  
Cllr. Aisling O'Neill  
Cllr. Niamh Souhan

Cllr. Aiden Fitzpatrick  
Cllr. Séamas McGrattan  
Cllr. Colm O'Rourke  
Cllr. Aoibhinn Tormey

Cllr. Sean Kelly  
Cllr. Eoghan O'Brien  
Cllr. Patricia Roe

**Apologies**

Cllr. Christy Burke  
Cllr. Emer Tóibín

Cllr. Adrian Henchy

Cllr. Ray McAdam

**Officials Present**

Ms. Mellany McLoone, Chief Officer, CHO Dublin North City & County  
Mr. Joe Ruane, Head of Primary Care, Midlands Louth Meath CHO  
Mr. Cathal Hand, Network Manager, Monaghan Primary Care Services  
Dr. Augustine Pereira, Director of Public Health & Medical Officer of Health, HSE North East  
Mr. Liam McHale, Communications and Parliamentary Affairs, CHO Dublin North City & County  
Ms. Lorraine Timmons, Regional Health Office – HSE Dublin North East

Cllr. Michelle Hall, Vice-Chairperson, welcomed everyone to the meeting of the Forum, which was being held via Microsoft Teams, and advised the meeting that Cllr. Adrian Henchy had given his apologies and she would be chairing the meeting. Cllr. Hall thanked everyone for attending, wished everyone a happy new year and outlined the process in terms of making contributions throughout the meeting.

## 1. Adoption of minutes of meeting held on Monday, 22<sup>nd</sup> November, 2021

The minutes of the meeting held on Monday, 22<sup>nd</sup> November, 2021 were adopted by the Forum on the proposal of Cllr. Howard Mahony and seconded by Cllr. Brigid Manton.

Cllr. Gillian Toole requested that an amendment be made to the minutes to fully reflect her comments in relation to investment and spending in the public sector in the Winter Plan.

## 2. Health Service Executive Updates

Mr. Liam McHale, Communications and Parliamentary Affairs, CHO Dublin North City & County, gave a report to the meeting which dealt with the following:

- HSE Health Passport for People with Intellectual Disabilities now available as an App;
- HSE raises awareness of bereavement and grief this Winter;
- Organ Donation End of Year Statement;
- Women of menopausal age less likely to take up cervical screening invitations, putting them at increased risk of developing cervical cancer;
- Make your last stop in 2022 with the help of the free HSE Quit service.

The following outlines comments and queries raised by members and responses from senior management:

Members welcome the observations in relation to the uptake on CervicalCheck in women aged 50+ and suggested that maybe specific messaging could be considered for targeting messages to this group. Relatively low cost advertising could be carried out through social media platforms and other menopause supports groups.

Concerns were raised as to why the term 'passport' was used in the name for the Health App for people with intellectual disabilities. This may cause confusion with other apps such as the EU Covid-19 passport. The purpose and future use of this app is fantastic and very much welcomed. This should be promoted within the networks that members link in with for the families of people with intellectual disabilities. Is this specifically for those with an intellectual disability or does it include sensory and physical aswell?

The app is for those specifically with intellectual disabilities. Management agreed to link in with the team involved in the naming convention for the app and revert to members.

Discussions took place regarding the QUIT smoking campaign and the prevalence of e-cigarettes and vaping, particularly amongst young people. This is a matter which has been discussed on several occasions in different forums but there is a need to further highlight concerns regarding e-cigarettes and vaping. They should be included in the smoking ban and everywhere you cannot smoke cigarettes should be applicable to e-cigarettes. This is particularly relevant to the pandemic as the virus is spread by droplet infection and anything that would increase the rate those droplets can travel, should be warned against. There is also a need to look at the imagery that's involved

around e-cigarettes and vaping and how it is becoming vastly normalised to vape. This is something that should be looked at within the overall QUIT Campaign.

Management advised that they would liaise with the QUIT campaign and revert to members.

Young people are now starting to vape to relieve their anxiety, especially during the pandemic and lockdowns. There should be concerns about young people taking up vaping and the repercussions of this.

There is an expectation that there may be new Government legislation in the coming months to provide some regulation around vaping.

Members expressed their delight at the commitment to fund five hospital-based Bereavement Liaison Officers to support bereaved families and would welcome the roll-out of this in every hospital.

The report was noted by the Forum.

### **3. Presentation on Covid-19**

Dr. Augustine Pereira, Director of Public Health & Medical Officer of Health, HSE North East, Ms. Mellany McLoone, Chief Officer, CHO Dublin North City & County, Mr. Joe Ruane, Head of Primary Care, Midlands Louth Meath CHO and Mr. Cathal Hand, Network Manager, Monaghan Primary Care Services, gave a verbal update to members on Covid-19.

Cllr. Hall on behalf of the Chair and fellow Councillors thanked HSE Management present for their dedication over the last two years and for their ongoing work.

The following outlines comments and queries raised by members and responses from senior management:

Why are the number of deaths from Covid-19 no longer reported? Is this strategic? In comparison with the volume of deaths from flu annually and the volume of people who would be admitted to hospital as a result of flu annually - how does this compare in a normal year for standard flu?

In terms of national data released from the Department of Health, the HSE's weekly press briefing covers this information in terms of deaths. In part of the presentation given to members, details were provided on hospitalisations, ICU admissions and deaths. This included the first three weeks of January 2022, where a significant drop was seen in the numbers of hospitalisations and ICU admissions. There was a significant decoupling compared to the numbers of cases and deaths. It can take a few weeks for a complete picture regarding the numbers of deaths to be reported. The HSE will continue to report on a weekly basis on the numbers of deaths.

There were a small number of cases of flu in some settings. If flu like illness or symptoms are seen and if Covid-19 is not detected, the Laboratory is requested to also test for flu. Especially where Omicron has been circulating in vulnerable settings. If there is another winter virus circulating, a request for another respiratory panel test, which includes testing for influenza, is taken and if found this is reported. Recently the normal levels of influenza have not been seen but it is still early in the winter period. There have been years where the influenza season begins sometime in January. A comparison of the mortality rates for influenza for this year and last year has not taken place yet as influenza hasn't been seen to be circulating.

What is the position regarding people who aren't vaccinated? There is a need to be realistic that there are people who will not get vaccinated at this stage. There is a need to look at the figures of unvaccinated people – those who will not get vaccinated no matter what and those who are just not sure. How do we target those who are just not sure? What percentage of unvaccinated people are there? Can we look at these numbers and establish why they are against vaccination?

Public Health has a Vaccination Promotion Steering Group that looks at targeting the unvaccinated. Part of its role is to try to understand why some people are unvaccinated, what are the reasons influencing that behaviour, what other barriers are there; is there something about the information that the HSE has given out that has not reached them or whether the information isn't clear enough. The Steering Group has reached out to young people through the Comhairle na nÓg and has also worked with the public participation network and multiple settings where they know there are low level of vaccinations and high levels of unvaccinated e.g., Meat Factories.

The Steering Group includes team leads and staff from vaccination centres, county councils and communications teams. Messages to encourage people to get vaccinated need to be tailored in a way that people hear them. Management welcomed any suggestions on how to reach out to those groups.

The Group is doing excellent work and management thanked everyone from the vaccination centres for their work.

What percentage of unvaccinated people are there? Can we look at these numbers and establish why they are against vaccination?

Information is available in relation to the different age bands and employment categories of those who are unvaccinated. There is a larger proportion of the young population who are unvaccinated. The CSO has done some analysis on unvaccinated groups and issued their last report in December 2021. They are working on an update and it will give more information as to the different population sub-groups.

A Steering Sub-Group has established that there are certain groups in whom the uptake rates are slightly lower and the Vaccination Promotion Steering Group has been working with those groups also.

Members commented that from speaking to the public, some reasons for not getting vaccinated in the first place or getting a second/booster dose, is due to the side effects from their first vaccine dose. There have been some reports recently about the tiny amount of side effects but there has been no encouragement for people to actually report side effects and as a result most people do not report them. These side effects are not reflected in the data that is being published. Members also expressed concerns that people may be losing trust in the system because of the negative data on vaccinations from other sources. There is a need to have information on this that is accurate.

How are side effects reported and monitored? How are we caring for those who have had a vaccine injury?

The Health Products Regulatory Authority (HPRA) have a website where side effects can be reported by both the public and also health professionals. This is how information is gained from the HPRS analysis of side effect reporting. Any new drug introduced goes through reporting of side effects and this also includes Covid-19 vaccines.

Are we testing those with a negative outcome from Covid-19 for levels of Vitamin D? Is there data on this and are health professionals looking at this?

There are no programmes looking at levels of vitamin D in those who have tested negative for Covid-19. This could be a research project that might be of interest for academics and the suggestion will be shared with national colleagues.

Members acknowledged the unbelievable work that people in the health service have done over the course of the pandemic and commented that they could not say enough about what has been sacrificed.

Members also expressed how proud they were of the Laboratory workers in Hospitals, contact tracing teams and those behind closed doors doing so much work and how everything was managed, the amazing effort put in by them and well done to all teams across the board.

Members also welcomed the news regarding proposed monetary rewards and an extra public holiday for staff for their work during the pandemic but also commented that the feeling of being valued and appreciated can carry more weight than monetary reward.

Management welcomed all comments and will convey these to colleagues. They advised that they constantly try to highlight achievements of individuals and this continued throughout the pandemic.

Clarification was sought on the testing centres located in Blanchardstown and Aston Quay.

There will be a testing centre in Blanchardstown and also in Aston Quay. Two other centres in Finglas and DCU will be looked at in Quarter 2 of this year. Vaccinations were much easier to predict than testing in terms of numbers but management advised that they would be taking a very cautious approach when it comes to testing. A presence will be maintained in the city centre.

Members commented on the issue of Student Nurses and the work they have done during the pandemic. The HSE will need to look at how it is going to recruit Nurses.

Members stated that words were not enough to commend staff and what they've had to undertake on a daily basis. There is a need to recruit more staff to provide more help. What is being done to retain staff leaving to work abroad?

HSE thanked members for their kind words & encouragement.

Recently an independent body under building momentum recommended the return of hours back to staff following the increase of hours, with no extra pay, under Haddington Road and this has been received very well by staff.

Management advised that while there has been an explosion in terms of posts the reality was that simply there are not enough people graduating. There was also an issue regarding new graduates moving back home after training.

Members stated that the HSE should take this opportunity to provide more ICU units over the country. When the pandemic started there wasn't enough ICU beds to cater for the demand and this was as a result of the closing down of ICU's over the years. Members stated that the HSE should invest money and provide a proper health service in the country and they would like to see the HSE take on board learnings from the problems the pandemic has created.

How do we know the numbers of unvaccinated people? Is this related to the use of PPS numbers? Do we know if these unvaccinated people are still living in the country or were they vaccinated somewhere else?

The original source for denomination data is the CSO population estimates, based on the 2016 CSO data of population estimates. This was used as a starting baseline from which we know how many are fully vaccinated, based on the Covid-19 vaccination system (COVAX). This enabled us to establish how many are unvaccinated and how many have had only one dose. The numbers available come from a combination of CSO figures and the Covid-19 vaccination system. We also know how many are eligible to be boosted and how many are not eligible because of recent Covid-19 data notifications.

Up to October 2021, contacts were defined as a close contact or a casual contact - why has the casual contact definition been dropped?

As the pandemic phases change and move, from a public health perspective there is a need to try and look at the benefits and risks and understand who is at greatest risk. There is such a highly vaccinated population and this is testament to everyone who has come forward to get the vaccine. The balance of risk and harm tells quite significantly so the focus has to be more on the close contacts on whom the risk is higher. Even amongst close contacts in a health care setting the focus on the requirements for PPE has not gone away. People are still using masks in retail and obviously in healthcare settings. It is about balancing risks. The close contacts will still be contacted, identified and given advice based on their vaccination status and on levels of risks. In an outbreak scenario Public Health Departments are involved and will do a public health risk assessment to support the setting.

What consideration has been given to the effects of psychosomatic issues – where aggravated mental stress can affect the immune system? Has any of this been considered at any stage? What, if any, consideration has been given to the effect of continuous stimulation of the vagus nerve and the effect on the immune system?

Despite high vaccination rates, there is a marked decline in health of over 65s with chronic illnesses. This ties in with the increase in North East Doctor-on-Call figures and calls. People can't access GP's as a result of a manpower issue due to retirements. This is a connected cycle which is going to keep repeating until the overall issue of staff planning and ICU bed funding is addressed. How is this going to be tackled?

The pandemic has definitely had an impact on people's immune system. Everyone has gone through the trauma of the pandemic in different ways. Some are still going through the cycle of grieving. This is something that is important and not just from a Covid-19 perspective. It is an opportunity to build back better and to focus on people's wellbeing and look at health inequalities including the impact of how we see high cortisol levels through vagal stimulations and the impact that can have on the immune system. This is a broader issue and as we move forward in the future these are issues we can work on collectively as a population as well.

Ireland, France and Israel had highest levels of omicron and yet had the highest numbers of people vaccinated. We are told viral loads for transmissibility when boosted and vaccinated shouldn't transmit the virus but this seems to conflict and add to the anti-vax argument that – why should we get vaccinated when all these highly vaccinated countries and you're going to get it anyways. This data would appear to indicate that you are going to be more infectious if you are from a highly vaccinated country.

Vaccination does not prevent infection or transmission. This is not why we were promoting vaccination. The fact that you are vaccinated does not mean you will not

get the infection – it means that the vaccine will protect you from serious infection. This is why it continues to be advised that if you have Covid-19 or symptoms of Covid-19 you should stay at home and self-isolate. You can give it to someone else who is fully vaccinated. Even for flu – if you have symptoms we advise you to stay at home and not mix with the most vulnerable in society. This advice remains. The vaccine does not protect you from the transmission of virus. You can still spread the virus if you are vaccinated. You can still get the virus if you are vaccinated.

The amount of socialising which has happened during this recent time period may be a factor in high positivity levels. Ireland or other countries have also relaxed their restrictions at a slightly earlier time than some other nations. Maybe nations with lower uptake were a bit more cautious and did not relax their restrictions. This may be a factor. What is most important is that vaccines can protect from serious infection and death. The key message here which has been shown in the last number of weeks is that it has protected people.

Has any analysis been done given the high vaccination rates at the end of 2021 and the beginning of 2022 as to why positive test results/case numbers have been increasing?

High vaccination uptakes have shown a decrease in the proportion of the people who are seriously affected by Covid-19. The protection the vaccine has given to protect individuals from serious infection and deaths has borne out. This has clearly demonstrated the protective impact of the vaccines.

With regards to the high positive test results in Week 51 of 2021 and Week 2 of 2022 and given the high vaccination rate, is there any consideration to be given to the role of antibody protection and how that might be assessed?

Despite having such high positivity rates in certain weeks, we've seen up to 26,000 and closer to 30,000 positive tests in some weeks. It could be argued that it was an underestimate as those taking antigen tests may not be counted in that number. Despite having such high numbers of infections, we haven't seen a proportionate increase in hospitalisations or ICU admissions and that's as a result of the protective impact of the vaccines and boosters. These have protected people from serious infection and death.

As things go back to normal there will be major challenges around waiting lists. Will there be a whole HSE review on actions taken over the last two years? Specifically at the effects on the social and mental health of our communities and the long-term effects of delaying operations etc.?

Any review will be a decision for Government. The Department of Health are doing its own review in terms of what has happened throughout the pandemic. Each area is looking at what they can learn from it. Some positive initiatives which were a result of the pandemic were the tele-medicine clinics which were established overnight. The health service took on board many new ways of working. Also, understanding and training in relation to infection control has been greatly enhanced over the last two years. Different service models that would never have been thought about, such as the community vaccination centres, could now be used for other things. Whilst this has been a very difficult and challenging time, we acknowledge our colleagues generosity and it is very much appreciated. We want to learn from this to bring back into some of the core mainstream work initiatives that we could do that we haven't been doing thus far.

Cllr. Toole requested a response to a query she had submitted to management previously regarding the volume of personal data which is stored by the HSE through testing and vaccination and how this information is stored?

**4. Motions**

There was no business under this item.

**5. Questions**

There was no business under this item.

**6. Chairperson's Correspondence**

There was no business under this item.

**7. Date and time of next meeting**

The next meeting of the Regional Health Forum - Dublin North East will take place on Monday, 28<sup>th</sup> March, 2022.

**Signed:**

\_\_\_\_\_ **Chairperson**